



**TOWN OF UXBRIDGE
BOARD OF HEALTH
TOWN HALL
21 SOUTH MAIN STREET, ROOM #204
UXBRIDGE, MA 01569
508-278-8604 Phone And Fax**

Uxbridge Medical Reserve Corp Volunteer Enrollment Form

Name: _____

Address: _____

Mailing Address (If Different): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place Of Employment: _____

Skill Sets (List all that apply)

Professional Credentials/License Type & Number _____

Administrative/Clerical/Other Skills _____

Languages (Interpretation) _____

Other Related Training And Certifications _____

Please note if you are currently Retired/Unemployed: _____

Have you already registered as a volunteer with any other emergency preparedness agency?

Yes: _____ If So, Where _____ No _____

Are you certified in the administration of smallpox vaccine? _____

To help alleviate concerns of volunteer staff, your family members will be given priority in receiving any vaccine/medication – please provide the number of family members residing in your household:

A daycare facility will be established within the emergency dispensing site for our volunteers – would you require these services? _____

The Uxbridge Board Of Health understands that although you have completed this enrollment form, in the event of an actual public health emergency, work and/or family priorities may prevent you from actually participating as a volunteer in a Medical Reserve Corp operation.